MAXIMUS Federal Services

Case Number:	CM13-0015870		
Date Assigned:	11/06/2013	Date of Injury:	12/08/2010
Decision Date:	05/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Physician Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and multilevel lumbar fusion surgery in April 2013. The applicant's case and care have been complicated by comorbid diabetes. In a Utilization Review Report of August 9, 2013, the claims administrator denied request for Lidoderm patches and Tegaderm. Duragesic was partially certified. Norco, somewhat incongruously, was approved outright, as were Neurontin, Colace, and senna. The applicant's attorney subsequently appealed. In a progress note of July 24, 2013, the applicant was described as having persistent pain complaints. The applicant was again placed off of work, on total temporary disability, approximately three months from the date of the fusion surgery in 2013. The applicant reported 10/10 pain without medications and 1/10 pain with medications. The applicant stated that usage of pain medications was allowing her to walk and perform activities of daily living including cleaning and showering. The applicant states that she had failed other medications such as Dilaudid and Percocet, which were reportedly ineffective. The applicant was using Tegaderm dressing to apply over fentanyl patches. The attending provider went to write that usage of medications was facilitating the applicant's caring for her children, performing activities of daily living, sleeping, walking, etc. Ultimately, Lidoderm, Tegaderm, Norco, Duragesic, Neurontin, senna, and Colace were endorsed. The applicant was kept off of work and asked to cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 PRESCRIPTION OF LIDODERM 5% PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL LIDOCAINE Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated for neuropathic pain in applicants who have tried and failed first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no evidence of a failure of first-line antidepressants and/or anticonvulsants. Therefore, the request for Lidoderm patches is not certified.

TEGADERM 4"X4" DRESSING 4"X4" TEGADERM #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINSTRATION (FDA), DURAGESTIC MEDICATION GUIDE

Decision rationale: The MTUS does not address the topic of Tegaderm dressings. However, as noted by the Food and Drug Administration (FDA), Duragesic Medication Guide, Tegaderm dressings can be employed in applicants who are having problems with Duragesic patch not adhering to skin. Tegaderm dressing can be placed over the Duragesic patches in this context. In this case, the attending provider did suggest that the Duragesic patches sometimes peel off. The Tegaderm patches, then, can reinforce the Duragesic patches, which have been certified below. Therefore, the request is certified, on Independent Medical Review.

1 PRESCRIPTION OF DURAGESIC 100MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION WHEN TO CONTINUE OPIOIDS SECTION DURAGESIC Page(s): 80; 44.

Decision rationale: As noted on page 44 of the MTUS Chronic Pain Medical Treatment Guidelines, Duragesic patches are not recommended as a first-line therapy. In this case, however, the employee has reportedly tried several other first-line opioids without relief, including Dilaudid and Percocet. The attending provider has posited that the employee meets two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment

Guidelines for continuation of opioid therapy. Specifically, the employee has reported appropriate reduction in pain scores from 10/10 to anywhere from 1-5/10 as a result of ongoing Duragesic usage. The employee is reportedly able to cook, clean, care for the children, stand, walk, etc. as a result of ongoing medication usage, although it is acknowledged that the employee has not returned to work. On balance, then, two of the three criteria for continuation of opioid therapy have been met. Accordingly, the request is certified.